

**Alaska Department of Revenue**  
**Permanent Fund Dividend Division**

PFD Division Use Only  
**PFD ALN: 20100**

## Request to Withdraw Application

First Name	MI	Last Name	
Social Security Number	Date of Birth	Daytime Telephone Number	Message Telephone Number

☐ I request that my 2010 PFD application be withdrawn.

☐ I request that the 2010 PFD application(s) for the child(ren) I sponsored listed below be withdrawn.

First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)

***Your Signature is Required***

Your Signature	Date
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**Comments**

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Send this completed form to:

**Permanent Fund Dividend Division**  
**PO Box 110462**  
**Juneau, AK 99811-0462**

**Phone (907) 465-2326**  
**Fax (907) 465-3470**